

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 229752005700	
Application Number                      09/889,203		Filed                      January 6, 2000 (Int'l)	
For      COMPOSITION AND METHOD FOR THE ENHANCEMENT OF THE EFFICACY OF DRUGS			
Art Unit              1613		Examiner              B. Fubara	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$150	<u>Small Entity Fee</u> \$75
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input checked="" type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Applicant is paying at the large entity rate.	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      03-1952      .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      44,546		
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____		
_____ Signature		_____ Date	
_____ Kimberly A. Bolin Typed or printed name		_____ (650) 813-5740 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of      1      forms are submitted.			